



## REROOF PERMIT WORKSHEET

Please Type or Print Legibly in Ink or

You may submit this form by fax or e-mail at [PSCApplication@ci.glendale.ca.us](mailto:PSCApplication@ci.glendale.ca.us)

Application No. \_\_\_\_\_

PROJECT ADDRESS, CITY AND ZIP	UNIT (SUITE) NO.
-------------------------------	------------------

BLDG TYPE	<input type="checkbox"/> SINGLE FAMILY DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL / INDUSTRIAL	<input type="checkbox"/> MULTI-FAMILY DWELLING / CONDO
	<input type="checkbox"/> DETACHED GARAGE	USE _____	<input type="checkbox"/> OTHER _____

Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$	Revised Valuation: \$	<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.
--	-----------------------	---

THIS IS A CHANGE OF ROOFING MATERIAL ☐ Yes ☐ No (If Yes, you must see a Zoning staff member, Fax or E-mail submittal **NOT ALLOWED**)

Cool Roof ☐ Yes ☐ No CCRC No. \_\_\_\_\_

<b>Existing</b>	<b>Proposed</b>	
<input type="checkbox"/> Tile: Weight _____	<input type="checkbox"/> Tile: Weight _____	No. of Sq. _____
<input type="checkbox"/> Comp Shingle	<input type="checkbox"/> Comp Shingle	Roof Class <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Built up roof	<input type="checkbox"/> Built up roof	Tear off <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rock	<input type="checkbox"/> Rock	New Sheathing <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____	No. of Existing Layers _____

**Note:** All tear offs require solid sheathing. Gaps between individual 1 x boards must be less than 3/8". A minimum of 3/8" plywood or OSB with 6 ds@6" o/c.E.N. & 6 ds 12" o/c F.N. May be installed over existing sheathing.

APN	Lot	Tract	High Fire Hazard Zone	NAICS/Structure Use	The Edition of the Code
-----	-----	-------	-----------------------	---------------------	-------------------------

Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	BUS. PHONE NO.
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.
		E-MAIL ADDRESS:		
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:		LICENSE NO.
		NAME:		
		MAILING ADDRESS:		PHONE NO.
	E-MAIL ADDRESS:			

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	PHONE NO.
MAILING ADDRESS:	
CONTRACTOR'S E-MAIL ADDRESS	
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE

FOR OFFICE USE ONLY							
STAFF COMMENTS, (INITIALS)							
							P.C FEE
							Y N
							CAL-GREEN
							Y N
ZONING APPROVAL		SIGNATURE	DATE			ENERGY	
PRINT						Y N	
OK TO ISSUE PERMIT BY:		SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	PERMIT FEE
PRINT							Y N

ADDRESS: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

INSPECTION	APPROVED	DATE
ROOF SHEATHING <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW		
FINAL ROOFING INSPECTION		

PLOT PLAN